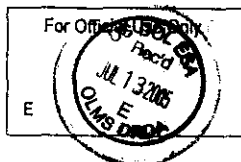


FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|   |  |
|---|--|
| 1. File Number U- <u>2692 INITIAL FILING</u>  | 2. Fiscal Year Covered From:<br><u>1/1/2004</u> Through: <u>12/31/2004</u>   |
| 3. Name and address of person filing.<br>Name <u>SCOTT VITEK</u><br>P.O. Box, Bldg., Room No., if any _____<br>Street <u>114-116 WEST STATE ST.</u><br>City <u>O'FALLON</u><br>State <u>ILLINOIS</u> ZIP Code +4 <u>62269</u> | 4. Name, file number, and address of labor organization.<br>Name <u>L.I.U.N.A. LOCAL 670</u><br>Labor Organization File Number <u>001-236</u><br>P.O. Box, Building and Room Number, if any: _____<br>Street <u>114-116 WEST STATE ST.</u><br>City <u>O'FALLON</u><br>State <u>ILLINOIS</u> ZIP Code +4 <u>62269</u> |
| 5. Position in labor organization. <u>EXECUTIVE BOARD</u>   |  |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|  |  |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name, if any).<br>Name _____<br>Trade Name, if any: _____<br>P.O. Box, Bldg., Room No., if any _____<br>Street _____<br>City _____<br>State _____ ZIP Code +4 _____                     | 7.a. Nature of Interest, Transaction, or Income.<br>_____<br>_____<br>_____<br>7.b. Amount.<br>_____<br>_____<br>_____ |

Signature

|  |                  |                     |
|--|------------------|---------------------|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |                  |                     |
| Signed <u>Scott Vitek</u>  | On <u>7-8-05</u> | <u>618 632-3021</u> |
|  | Date             | Telephone Number    |

Name of Person Filing

SCOTT VITEK

File Number U-

INITIAL  
2692 FROTH

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. (X)

8. Name and address of Business (including trade name, if any).

Name: FOUND. FAIR CONTRACT, S.W. ILL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street: 3 MEADOW HEIGHTS

City: COLLINSVILLE

State: ILLINOIS ZIP Code + 4 62234

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: FOUND FAIR CONTRACT, S.W. ILL

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street: 3 MEADOW HEIGHTS

City: COLLINSVILLE

State: ILLINOIS ZIP Code + 4 62234

11.a. Nature of such dealing.

REIMBURSEMENT OF EXPENSES  
INCURRED AS AN  
ORGANIZATION

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

REIMBURSED: TELEPHONE,  
MEALS, MEETING, GASOLINE,  
LODGING AND POSTAGE  
EXPENSES.

12.b. Amount.

2993 -

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State:

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

SCOTT VITER

File Number U-

INITIAL  
2592 E-1000

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. (X)

8. Name and address of Business (including trade name, if any).

Name: S.W. ILL. LIGHT TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street: 3 MEADOW HEIGHTS

City: COLLINSVILLE

State: ILLINOIS ZIP Code + 4: 62237

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: S.W. ILL. LIGHT TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street: 3 MEADOW HEIGHTS

City: COLLINSVILLE

State: ILLINOIS ZIP Code + 4: 62237

11.a. Nature of such dealing.

ATTEND MEETING OF  
TRK FUND

11.b. Approximate dollar value of such dealing.

N/A

12.a. Nature of interest held or income received.

BALL TICKETS

12.b. Amount.

90

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State:

ZIP Code + 4:

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.